



BUSINESS AND PROFESSIONS DIVISION FUNERAL AND CEMETERY LICENSING P. O. BOX 9048 OLYMPIA, WA 98501-9048

	TELEPHONE (360) 664-1555
FOR VALIDATION ONLY	

APPLICATION FOR PERMIT OR ENDORSEMENT TO

DISPOSE OF CREMATED REMAINS

FEE: \$70.00

Make remittance payable to State Treasurer. Send this application with your remittance to: Department of Licensing PO Box 9048 Olympia, WA 98507-9048

APPLICANT NAME		
IF COMPANY, LIST PRINCIPAL	OWNER(S)	
MAILING ADDRESS		
SOCIAL SECURITY NO.	application is for a b	5.23.150, requires you to furnish your Social Security Number when applying for this license. If this business that is a sole proprietorship, the proprietor must furnish his/her Social Sercurity Number. ithout a Social Security Number, must furnish their Individual Tax Indentification Number.
TELEPHONE NO.	UBI NO.	ORGANIZATION TYPE
()		☐ Corporation ☐ Partnership ☐ Other
INTENDED METHOD(S) OF DIS	SPOSITION <i>(SCATTERING, ETC</i>	C.)
☐ Airplane	□ Boat	☐ Other
PRIMARY AREA(S) OF INTEND	DED DISPOSITION	
Submit application and \$70.00 fee (made payable to Washington State Treasurer) to: Department of Licensing Cemetery Board P. O. Box 9048 Olympia, WA 98507-9048		
Note: The application should be submitted in time to reach the board at least 21 days prior to a scheduled board meeting in order to be placed on the agenda for consideration.		
of Title 68 RCW and	WAC 98-60-020. A r	mated human remains will be done in accordance with the provisions record of each disposition performed, in a format prescribed by the e kept for seven (7) years, subject to inspection by a representative of